PRINTED: 07/10/2014 FORM APPROVED

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		005033	B. WING		06/12/2014		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PORTER REGIONAL HOSPITAL 85 EAST US VALPARAIS							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLE		
S 000	INITIAL COMMENTS		S 000				
	This visit was for a St	ate licensure survey.					
	Facility Number: 005033 Survey Date: 06/9/14 through 06/12/2014						
	Surveyors:						
	ReBecca Lair, LCSW Medical Surveyor						
	Jacqueline Brown, RN Public Health Nurse S						
	Lynnette Smith Medical Surveyor						
	QA: claughlin 06/20/	14					
S1118	410 IAC 15-1.5-8 PH	YSICAL PLANT	S1118				
	410 IAC 15-1.5-8 (b)(2)					
	(b) The condition of the plant and the overall lenvironment shall be maintained in such a safety and well-being assured as follows:	nospital developed and manner that the					
	(2) No condition shal maintained which ma hazard to patients, pu employees.	y result in a					
		t as evidenced by: n, policy and procedure ll interview, the facility failed					

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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		005033	B. WING		06/1	2/2014	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PORTER REGIONAL HOSPITAL VALPARAIS			S HWY 6 SO, IN 46383				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE	
S1118	to ensure no condition that may result in a har and/or employees durinspection and linen/g (IMCU [Intermediate of Obstetrics]) patient carchief executive officer condition was maintain hazard to employees emergency eye wash (Ambulatory Surgery) Findings: 1. While on tour of the approximately 1150, of accompanied by P4, in vacated rooms by of already been prepare staff in: A. IMCU room 2128 hamper and garbage communication board. B. Obstetrics room bathroom trash can a bathroom. C. Pediatrics room wrapper and/or debrished. 2. Policy titled "Patien Discharge" revised/rereviewed on 6/10/14 and indicated "this proinstructions for rooms patients", on pg. 6, ur section, bulleted point clean and relined."	n was created or maintained azard to patients, visitors, e to cleaning and/or garbage removal in 3 of 11 Care Unit, Pediatrics, are areas toured; and the failed to ensure no ined which may result in a related to availability of stations in 1 of 1 Center [ASC]) area toured. The following was observed discharged patients that had d/cleaned by housekeeping also not wiped off. 4309, garbage in the nd on the floor in the son the floor under patient ant/Resident Rooms -	S1118				

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STATE FORM LB8E11 If continuation sheet 2 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
7.1.12 . 2.1.1	o. com.zoo	152.11.11.10.11.10.11.10.11.52.11.	A. BUILDING: _				
		005033	B. WING		06/1	12/2014	
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
PORTER	REGIONAL HOSPITAL		US HWY 6 NSO, IN 46383				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
S1118	Equipment and Patier revised/reapproved 6 6/10/14 at approxima on pg. 4, "Linen remopatient rooms by Env [Housekeeping]." 4. Personnel P29 was approximately 1120 a housekeepers do for occupied patient room and trash from the room our picture perfect which illustrates how look when finished. The first 2 weeks of ertraining is provided as nursing staff to comm for them to call us if the patient that has alread make sure the room in need to be touched unbefore the next patier above-mentioned vaccleaned and/or insperpolicy and procedure. 5. While on tour of the 6/11/14 at approximate personnel P4, the foll Instrument Decontarm. A. personnel use argross decontaminate endoscopes after proto placing in sterilizer. B. there is no eyew decontamination room.	nt Rooms" /13, was reviewed on tely 4:00 PM, and indicated val at patient discharge in ironmental Services s interviewed on 6/12/14 at and confirmed the first thing cleaning a discharged and is to pull the dirty linens om and dispose of them. inspection of the cleaned ousekeeping staff is trained room cleaning process a clean patient room should his training is done within imployment and annual s well. We are working with nunicate with them the need hey prepare a room for a dy been cleaned in order to s completely ready or may p by housekeeping staff at arrives. The reated patient rooms were not ceted according to facility e ASC located off-site on tely 1030, in the company of owing was observed in the sination Room: in enzymatic detergent to instruments and cedure completion and prior	S1118				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	MRED:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _				
005033		B. WING		06/12/2014			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PORTER	REGIONAL HOSPITAL	85 EAST US	S HWY 6 SO, IN 46383				
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	ROPRIATE DATE		
S1118	8 Continued From page 3		S1118				
	eyewash is located through a closed door down a hallway approximately 25 ft and through another closed door to the left.						
	6. Policy titled, "Emergency Eyewash & Shower Equipment" revised/reapproved 8/12, was reviewed on 6/11/14 at approximately 1100 and indicated on pg. 1, under Policy section, "It is the policy of [facility] to provide emergency eyewash and shower equipment as required by OSHA 29 CFR 1910.151(c) and to install and maintain such equipment in accordance with ANSI standard Z358.1-2009 and manufacturer's recommendations"; and under Procedure section, point 1., "Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use."						
	located away from the using possibly injurior gross disinfect endos with obstacles (closed turns, and long hallwagain access to them. products that require	station described above is e area that personnel are us corrosive chemicals to copes and/or instruments, d and/or multiple doors, ays) to personnel trying to					

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